## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10653325.

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  |                                 |               |                          |                                    |  |          | SMALL EN            | OR                     | OTHER THAN<br>OR SMALL ENTITY |                     |                        |
|--|--|---------------------------------|---------------|--------------------------|------------------------------------|--|----------|---------------------|------------------------|-------------------------------|---------------------|------------------------|
| TOTAL CLAIMS   |  |                                 | 33            |                          |                                    |  |          | RATE                | FEE                    | ]                             | RATE                | FEE                    |
| FOR  |  |                                 | NUMBER FILED  |                          | NUMBER EXTRA                       |  |          | BASIC FEE           | 385.00                 | OR                            | BASIC FEE           | 770.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |                                 | 33 minus 20=  |                          | * 13                               |  | ļ        | X\$ 9=              |                        | OR                            | X\$18=              | 234                    |
| INDEPENDENT CLAIMS   |  |                                 | 3 = minus 3 = |                          | <i>° °</i>                         |  |          | X43=                |                        | OR                            | X86=                |                        |
| ML   | JLTIPLE DEPEN                                  | NDENT CLAIM PI                  | RESENT        |                          |                                    |  |          | +145=               |                        | OR                            | +290=               | ·                      |
| * If the difference in column 1 is less than zero.   |  |                                 |               |                          | "0" in c                           | olumn 2                                      |          | TOTAL               |                        | OR                            | TOTAL               | 984                    |
| CLAIMS AS AMENDED -  |  |                                 |               |                          | - PART II<br>(Column 2) (Column 3) |  |          | SMALL E             | ENTITY                 | OR                            | OTHER<br>SMALL      |                        |
| _  | , <u>.</u>                                     | (Column 1) CLAIMS               | 1             |                          | HIGHEST .                          |  | unin 3)  |                     |                        | 1 1                           |                     |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT |               | NUME<br>PREVIO           | BER<br>DUSLY                       | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                               | Minus         | **                       |                                    | =  |          | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|  | Independent                                    | *                               | Minus         | ***                      | CLAMA                              | = '  |          | X43=                |                        | OR                            | X86=                |                        |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |               |                          |                                    |  | _        | +145=               | ,                      | OR                            | +290=               | <u> </u>               |
| TOTAL  |  |                                 |               |                          |                                    |  |          |                     |                        | OR                            | TOTAL               |                        |
| ADDIT. FEE ADDIT. FEE  |  |                                 |               |                          |                                    |  |          |                     |                        |                               |                     | <u></u>                |
|  | ,  | (Column 1)<br>CLAIMS            |               | (Colun                   |                                    | (Column 3)                                   | <b>,</b> |                     |                        |                               |                     | 1.55:                  |
| AMENDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT |               | NUMI<br>PREVIC           | BER<br>DUSLY                       | PRESENT<br>EXTRA                             |          | RATE                | ADDI-<br>TIONAL<br>FEE |                               | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *                               | Minus         | **                       |                                    | =  |          | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|  | Independent                                    | <u>*</u>                        | Minus         | ***                      | CL AINA                            | =.   |          | X43=                |                        | ÓR                            | X86=                |                        |
|  | FIRST PRESE                                    | NTATION OF MU                   | JUIPLE DEF    | ENDENT                   | CLAIM                              | <u></u>                                      | ָ        | +145=               | _                      | OR                            | +290=               | ,                      |
|  |  |                                 |               |                          |                                    |  |          | TOTAL<br>ADDIT. FEE |                        | OR                            | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)   |  |                                 |               |                          |                                    |  |          |                     |                        |                               |                     |                        |
|  | \  |                                 |               |                          | EST                                |  | 7        |                     | ADDI-                  |                               |                     | ADDI-                  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT |               | NUMI<br>PREVIC<br>PAID I | USLY                               | PRESENT<br>EXTRA                             |          | RATE                | TIONAL<br>FEE          |                               | RATE                | TIONAL                 |
|  | Total  | *                               | Minus         | **                       |                                    | =  |          | X\$ 9=              |                        | OR                            | X\$18=              |                        |
|  | Independent                                    | *                               | Minus         | ***                      | ,                                  | <u>                                     </u> | ]        | X43=                |                        | OR                            | X86=                |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                 |               |                          |                                    |  |          |                     |                        |                               |                     |                        |
| • If the entry in column 1 is less than the entry in column 2 write "0" in column 3.   |  |                                 |               |                          |                                    |  |          |                     |                        | OR                            | +290=<br>TOTAL      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or lest-grandent) is the highest number found in the appropriate box in column 1. |  |                                 |               |                          |                                    |  |          |                     |                        |                               |                     |                        |